Sam Houston State University
A Member of The Texas State University System

Sam Houston State University Human Resources

Multiple State Employment Form

Instructions: This form should be completed before accepting additional employment with another state agency. Attach additional forms if working for more than two (2) state employers.

Name: _____ Social Security #: _____-_____-_____

Principal Employer

_____
Agency

_____
Title

_____
Beginning/Ending Date of Appointment

_____
Percentage of Employment/Hours Worked Per Week

_____
Rate of Pay

Pay Period: Monthly _____ Semi-monthly _____

Other State Employer

_____
Agency

_____
Title

_____
Beginning/Ending Date of Appointment

_____
Percentage of Employment/Hours Worked Per Week

_____
Rate of Pay

Pay Period: Monthly_____ Semi-monthly _____

Current Benefits

1. Retirement	Yes ___	No ___
2. Vacation	Yes ___	No ___
3. Sick	Yes ___	No ___
4. Longevity	Yes ___	No ___
5. Hazardous Duty Pay	Yes ___	No ___
6. Fringe Benefit Insurance	Yes ___	No ___
7. FLSA Overtime	Yes___	No ___

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5. Hazardous Duty Pay	Yes ___	No ___
6. Fringe Benefit Insurance	Yes ___	No ___
7. FLSA Overtime	Yes ___	No ___

_____ ___/___/___
Principal Employer Signature **Date**

_____
Title

_____ ___/___/___
Other Employer Signature **Date**

_____
Title

I have been advised and understand the Texas State Government multiple employment provisions of the Texas General Appropriations Act, and agree to abide by its terms and assist with the completion of this multiple employment form.

_____ ___/___/___ _____
Employee Signature **Date** **Title**

Box 2356, Huntsville, Texas 77341-2356 Phone: 936-294-1070 Fax: 936-294-3611